

Rattanakosin International College

of Creative Entrepreneurship

Request Form for Advisor Appointment

Date.....Month.....Year.....

Name (Mr./ Mrs./ Miss): Student ID:

Program: Major: Trimester / Academic Year

Mobile phone: E-mail:

Title of Thesis/Independent Study.....

..... (Please attached drafted thesis proposal)

Request for: ☐ Appointment of Advisory ☐ Change of Advisory

1. Advisor: Signature Date

2. Co-advisor: Signature Date

3. Co-advisor: Signature Date

Former Advisory Committee [Request for change(s)]

1. Advisor: Signature Date

2. Co-advisor: Signature Date

3. Co-advisor: Signature Date

Signature.....Student
(.....)

Advice / Recommendation: (Program Chair)

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Signature Program Chair
(.....)
...../...../.....

Advice / Recommendation: (Director)

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Signature Director
(.....)
...../...../.....